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Santos, Elitiele Ortiz dos; Willrich, Janaína Quinzen; Kantorski, Luciane Prado; Argiles, Carmen Terezinha Leal; Coimbra, Valéria Cristina Christello; Antunes, Beatriz

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RESEARCH

A reconstrução do sujeito de direito e subjetividade no contexto da atenção psicossocial

The reconstruction of the subject of law and subjectivity in the context of psychosocial care

La reconstrucción del sujeto de ley y la subjetividad en el contexto de la atención psicosocial

Elitiele Ortiz dos Santos [1] , Janaína Quinzen Willrich [2] , Luciane Prado Kantorski [3], Carmen Terezinha Leal Argiles [4], Valéria Cristina Christello Coimbra [5], Beatriz Antunes [6]

ABSTRACT

Objective: to know the contributions of Therapeutic Residential Service in the process of reconstruction of law and subjectivity of the subjects, ex hospitalized people of the psychiatric hospital. **Methods:** The study was descriptive and exploratory with qualitative methodology approach. Data collection was conducted in 2010 with 16 residents of Therapeutic Residential Services in the city of Caxias do Sul / RS. **Results:** The residents of the therapeutic residential are subjects protagonists of their stories and have the opportunity to produce their subjectivity in different contacts provided by the experience in residential and society. The human and material resources available on site to provide the residents the exercise and enjoyment of citizenship, and ensuring law and protection aimed to people in psychological distress. **Conclusion:** psychosocial reconstructs the subject who was institutionalized and the therapeutic residential appears as one of the main tools of this process. **Descriptors:** Mental health, Health services, Human rights.

RESUMO

Objetivo: conhecer as contribuições do Serviço Residencial Terapêutico no processo da reconstrução de direito e subjetividade dos sujeitos, ex-internos do Hospital Psiquiátrico. **Métodos:** o estudo teve caráter descritivo e exploratório com abordagem metodológica qualitativa. A coleta de dados foi realizada em 2010 com 16 moradores dos Serviços Residenciais Terapêuticos do município de Caxias do Sul/RS. **Resultados:** os moradores do residencial terapêutico são sujeitos, protagonistas de suas histórias e têm a oportunidade de produzir sua subjetividade nos diferentes contatos proporcionados pela vivência no residencial e na sociedade. Os recursos humanos e materiais disponíveis no local proporcionam aos moradores o exercício e o gozo da cidadania, além de garantir o direito e a proteção destinada a pessoas em sofrimento psíquico. **Conclusão:** a atenção psicossocial reconstrói o sujeito que foi institucionalizado e o residencial terapêutico aparece como uma das principais ferramentas desse processo. **Descritores:** Saúde mental, Serviços de saúde, Direitos humanos.

RESUMEN

Objetivo: conocer las contribuciones de Servicio Residencial Terapéutico en el proceso de reconstrucción de la ley y de la subjetividad de los sujetos, los ex internos del hospital psiquiátrico. **Métodos:** El estudio fue de tipo descriptivo exploratorio con enfoque metodológico cualitativo. La recolección de datos se llevó a cabo en 2010 con 16 residentes de los Servicios Residenciales Terapéuticos en la ciudad de Caxias do Sul / RS. **Resultados:** Los residentes del residencial terapéutico son sujetos protagonistas de sus historias y tienen la oportunidad de producir su subjetividad en diferentes contactos facilitados por la experiencia en el residencial y en la sociedad. Los recursos humanos y materiales disponibles en el lugar para proporcionar a los residentes el ejercicio y el goce de la ciudadanía además de garantizar el derecho y la protección destinados a las personas con dificultades psicológicas. **Conclusión:** la atención psicosocial reconstruye el sujeto que está institucionalizado y parece residencial terapéutico aparece como una de las herramientas principales de este proceso. **Palabras clave:** Salud mental, Servicios de salud, Derechos humanos.

[1] Master Student from the Post-Graduation Program at the Federal University of Pelotas (UFPel). Address: Marechal Deodoro Street, nº397; Downtown. Pelotas- Rio Grande do Sul/Brazil. ZIP Code: 96020-220. [2]Assistant Professor from the Faculty of Nursing at the UFPel. Email: janainaqwill@yahoo.com.br. [3]PHD in Nursing. Associated Professor I. Director of the the Faculty of Nursing at the UFPel. kantorski@uol.com.br. [4]Doutoranda do Programa de Pós-Graduação em Enfermagem da UFPel. Email: carmen_argiles@yahoo.com.br. [5]PHD in Nursing. Adjunct Professor at the UFPel. Email: valeriacoimbra@hotmail.com. [6]Student from the Post-Graduation Program at the Federal University of Rio Grande do Sul. Email: biasl g@hotmail.com.

INTRODUCTION

The psychiatric institution over the years has been legitimized as a place devoid of favourable conditions to maintain a person's life. In these spaces, the subject who mostly was victim of sad stories of life, remain in the condition of victims, but of a system of rules imposed by institutionalization.

During hospitalization the individual does not exercise the position of subject, because he cannot establish relations of social exchanges and thus he can be differentiated from others in order to create his identity.[1-2] Thus, the practice of institutionalizing mortifies the subjectivity of individuals [3] and also it prevents the exercise of human legal rights, as well as those who have on the rights and protection of people in distress.

The post World War II period was a landmark in the institutionalized subject's life, since society was fragile with the deaths and violence and went on to discuss issues relating to human rights,[4] being the psychiatric hospital recognized as a potencalizador of mental illness. In that context, in 1948 was enacted the Universal Declaration of Human Rights.

In Brazil the psychiatric reform started in the decade of 70 with influence of the Italian model, considering it was the only model that denied the psychiatric institution and proposed the construction of knowledge capable of favouring the subjectivity, autonomy, and the exercise of people's citizenship. [5]

In this sense, it is noticed the importance of the movement of the Psychiatric Reform, as well as the responsibility of its proposals in substitution to the psychiatric hospital. It is important because it has the ability to take care of the subject, to meet his mental health needs and maintain his quality of life. The responsibility of the Reform is to break with the history of psychiatric practices in the health system and, especially, in the actions of the professionals who need to undo the chronic and take care of promoting reconstruction of life of the subjects tainted by psychiatric institutions.

To ensure the effectiveness of the proposals of this movement, it was necessary to build a network of psychosocial care with services and substitute practices to the centric hospital model of attention. That is to say, services included in the territory, close to spaces promoters of social inclusion. Through these specific relationships, the subject will be able to rebuild, to produce its subjectivities and to exercise its citizenship.

In the practice of the Psychiatric Reform, the implementation experiences of substitute services to the asylum model have been experienced, among them, the Therapeutic Residential Services (TRSs) which are characterized as houses in the community, available to individuals that came out of psychiatric institutions and not rely on family support for them. These addresses promote freedom, aimed at the autonomy process, construction of rights, citizenship and new possibilities of living.[6]

Thus, the psychosocial care provided by the articulation of the substitutive service network with a community network has the potential to build solutions for the subjects'

health needs, ensuring the efficaciousness in care, the promotion of autonomy and enjoyment of rights, as well as contributing to a society without internal and external asylums.[7-8]

In this perspective, the study aims to learn about the contributions of the Therapeutic Residential Service in the process of reconstruction of rights and subjectivity of the subjects, ex-hospitalized of psychiatric hospitals.

METHOD

This study is part of the monographic work entitled "Psychosocial care and the reconstruction of the subject (of his rights)", developed with research data named "Networks that rehabilitates – evaluating innovative experiences of psychosocial care network composition (REDESUL)",[8] which had approval of the Research Ethics Committee of the Odontology College from UFPel under No. 073/2009. They have been complied with the ethical principles contained in Resolution No. 196, October 10, 1996 of the National Health Council, of the Ministry of health, especially with regard to the free and informed consent, in which the interviewee is free to join, refuse or quit without any damage to him and to the researcher.

The investigation of REDESUL was deployed in a study of quantitative assessment of five municipalities of Rio Grande do Sul, Alegrete, Bagé, Caxias do Sul, Porto Alegre, Viamão and other qualitative assessment of two municipalities of RS, Alegrete and Caxias do Sul.

The present study is characterized by being qualitative with descriptive and exploratory character. The methodology of the qualitative research seeks to understand a universe of meanings, which match the relationships, perceptions, opinions and interpretations of the people for the way they position, think, feel and live.[9]

The study of qualitative assessment of innovative experiences of psychosocial care network composition was developed with the fourth generation assessment[10-11] readjusted[12] and network analysis methodology of everyday life.[13]

It was used for data collection field observation, interviews, and focus group. The data were collected in 2010 in two therapeutic residentials (TRSs) in the city of Caxias do Sul. Soon, it was selected a total of 16 subjects residents of the two houses, which were identified by resident 1 (R1) and resident 2 (R2) consecutively.

Two issues obtained in semi-structured interviews of those residents were objects of the following analysis: How is to live in Residential Therapeutic Service (daily life, relationships with people, how do they feel)?; How is it to live free materializes at this location?

The TRS 1 of Caxias do Sul is an independent multy-story house, where five residents live at the top and four on the bottom. It is an address that receives individuals with more autonomy in their daily lives, so the health team is present in just a few

moments to conduct supervision in the house and assist the residents, being unnecessary a team 24 hours. The TRS 2 of Caxias do Sul residents need a greater monitoring of the team in daily tasks, which boost to the psychosocial rehabilitation.[8]

With respect to the profile of the subjects interviewed, it was possible to identify four female participants of an age group ranging from 28 to 60 years old. In the history of life of the residents, itwas realized family members (parents or siblings) with a diagnosis of psychic suffering, there are also reports of abandonment or the death of family and family involvement with drug use. The psychiatric hospitalizations were common in the group, on an average o fone to 65 hospitalizations and time of living in the accommodation was from a year to six years. The TRS of Caxias do Sul, residents participate in literacy programmes, activities of Hippotherapy and attend the day-care Center. Many have free outputs of the residential and other require follow-up.[8]

The city of Caxias do Sul, located in the northeastern region of Rio Grande do Sul, was chosen for analysis because it had an important representation in the State with regard to advances in mental health issues, considering it was one of the cities with the centric hospital tradition and with concentration of psychiatric beds in psychiatric institutions. In this context, the residents of TRSs were institutionalized for a long time.

RESULTS AND DISCUSSION

In the Therapeutic Residential Service from Caxias do Sul, there are residents with stories of life and diverse experiences, which confirm that the distress is more a fact in their lives over the course of a journey. In addition, the institutionalization in mental hospital, factor that is common to all residents, highlights the need for a qualified therapeutic and articulated with other mental health services and social spaces, which have the ability to meet the physical and mental needs and thus to reconstruct the subject, providing and giving priority to the enjoyment of their rights and production of subjectivity.

In order to enhance these aspects, the lines of the residents were grouped in two topics by similarity content: the recognition of the individual as subject and the guarantee of production of subjectivity in the Therapeutic Residential Service; and the subject of right rebuilt for psychosocial care in the Therapeutic Residential Service.

The first covers aspects that define the individual as a subject and analyzes the strategies used by the accommodation that provide the production of subjectivity. The other topic refers to the resumption of rights, in the sense of a subject who lives in a therapeutic environment inserted in psychosocial care network, guaranteeing the exercise and enjoyment of citizenship.

The recognition of the individual as a subject and the guarantee of production of subjectivity in the Therapeutic Residential Service

The analysis of interviews with residents of the TRS from Caxias do Sul, had several actions, offered by the Network of Psychosocial Care, especially by TRS, which contribute in the rebuilding process of the subject and of subjectivity production.

It is understood that the subject is constituted in the data of experience, of events, of the different encounters experienced with each other, breaking with the notion of a prior which remains and stabilizes definitively, and going against a being that is defined by and as a movement to develop itself [2]

There are forces that affect the subject in different ways and disrupt an organization that we call "I". These forces are characterised by force of imagine, remember, to conceive, of wanting. The power of action of these forces is variable on the experiences. For this reason, the subject cannot be conceived as an entity ready, but is as he comes into contact with these forces.[14]

This is how the process of reconstruction of the subject occurs, so that psychosocial care aims to undo the mental and physical restraints, which bound the subject to the institution, and offer support for construction of his life, including the possibility to live with conflicts and build social relationships.[15]

Living with conflicts is evidenced in the lines of the residents. This experience is very important to the subject, as it enables certain knowledge, perception of his potentialities and difficulties, and stimulates the ability to act the way he find it necessary to experience situations.

> I feel good (in the house). Every once in a while I get a little hectic, but then I ask the women (Professional) for a fresh water then I calm down. (R3)

> Sometimes it's kind of boring to live here, because I'm jealous of the nurses, and then I end up getting bored with myself, but then I apologize and everything is good again, so it is like this staying in this house [...]. People here are a little complicated. Sometimes they want something and I want another one, so sometimes we argue, sometimes we fight, but then we end up talking and everything is cool. (R11)

The experiences lived by the residents in TRS, often cause estrangement and conflict, which is part of living in collective, however, each resident creates his artifice to face the circumstances. "The subject invents, he is cunning. In short, to create and to invent, here is what makes the individual to be recognized as a subject".[2: 94]

The subject is also normative: it creates standards or general rules. That means he has to find grounds for his actions.[2] This meaning is similar to the concept of autonomy, which is understood as an ability of an individual to generate rules and norms for his life as

the situations he faces. It does not mean to confuse autonomy with independence. We are all dependent, however individuals in distress depend excessively few relationships and stuff. The more reliance on so many things, the more autonomy will have, that is why it extends the possibilities to establish new frameworks for life.[16]

In TRS it is evidenced when residents experience some routine activities, developing actions that they organize their lives, and are often imposed by themselves, who also have the autonomy to change or get organized differently:

> [...] here [in the hoouse] we have to work, to make the bed, to have a shower. (R10)

> Here we wash clothes, we dry clothing, we do food, we clean the house, we clean the bathroom, I cleaned the kitchen today, then everything is ok. (R4)

They are space organization routines of the house, from which all residents participate, in order to ensure a harmonious experience in a collective space and contribute to sanitizing the places that will be used by themselves.

Another important issue that ensures the recognition of the individual as subject are interpersonal relations, namely, the subject is recurrently produced in intensive meetings with each other, exercising the capability to differentiate himself and those who surround him.[2] In this context, the TRS enhances such situations, because it is located in the territory, it promotes a collective address space, and it is connected to other devices on the network of health, offering possibilities of various social exchanges at home and in the community:

> Here is good, the guy is treated well, he has colleagues. (R15)

> This morning I stood there chatting with her [nurse], I get along well with her. (R9)

> When (my friend) has money, we will go there until that
> Marisa's snack bar in front of the residential, you know, he pays to me, I pay to him [...]. (R16)
> When he (my friend) has money we go to Marisa's snack bar in front of the house and he pays for me or I paid for him [...]. (R16)

> Then after [of the CAPS] I come away, I take the bus and come. (R2)

Certainly that in the unequal Exchange it is opened the listening spaces, looks, links, dialogues, producing feelings, dissent, of a contract that also remains as an engine of contradictions and instrument of struggle. A subject reinvented and placed tenderly on the real story emerges.[17]

It is understood that the inability of the individual to exercise the position of subject makes it incapable of producing subjectivity, i.e. a condition is dependent and potentized of the other. Therefore, it is highlighted that the spaces of social exchanges, in addition to being essential for the process of construction of the subject, are also decisive for the production of subjectivity, which is not amenable to aggregation, possession or centricity of the individual, this is a production that arises from the experienced meetings with each other, with nature, with the events and inventions, anyway, it producing effects in the subject and in ways of living. The multiple components of subjectivity are in circulation in the social field, so that the values, ideas and directions make a unique record, becoming paramount for expression of emotions experienced in those meetings.[18]

Subjectivity is not given and is not internalized in the subject. It is produced by the most diverse values present in the collective and counts on the participation of the institutions, language, technology, science, media, labour, capital, information, anyway, many features that can be continuously reinvented and put into circulation in social life. Thus, these components are updated in different ways in the daily life of each one. Therefore, they may be abandoned, modified and revisited in a movement of mixes and connections that do not cease.[18]

It is realized that subjectivity is something dynamic, collective. It seems to put the lives of the subjects in motion. This is evidenced by residents of Caxias do Sul. Many lines expressed contact with social spaces, like going to the market, visiting a friend, participation in social relationships with family members and neighbors, i.e. conditions that allow the resident the belonging to situations and the production of subjectivity.

> I go to physical therapy, once in a while I'll get the ranch, so I go there in the center, at my friend´s. We can get soda, eat a snack, we can buy, go there once in a while just to buy. (R7)

> Here I have a lot of activity I go to CAPS every day, I just do not go on Thursday and Friday, there I do activity [...]. I think it's good for me because then I'm not just thinking nonsense things. (R12)

> Some days we had a fight with my husband with my father-in-law with the neighbor, but we talked and we understand each other. (R16)

Subjectivity is constructed and modeled on the social register, i.e. it will gain significance only in the collective, in the different relationships that are established.[18]Thus, it truly exists when the individual leaves the asylum and devolved resources and material, social, cultural conditions which make possible the effective exercise of his subjectivity.[19]

In the daily life of the residents, there is also production of subjectivity, through the living environments of home, interpersonal contact with colleagues and professionals. So that not only the cognitive content of subjectivity lies, but also all its facets, perceptual, affective, volitives.[20]

The following line shows the routine of a resident, with emphasis on the collective term that he uses to express the spaces and group activities:

> Because we can just stay in the room, lie down, stay on the patio, watching our friends, looking at the movement. We can take a soda, eat lunch [...] We talk a little, but gets along [...] it is good here. It's good to stay. (R7).

> I talk a bit with a [colleague], some with the other, a little at a time. I feel good here. (R2)

In this sense, the house shall be understood as a device that interferes in the ways of life of its inhabitants, the caretakers, the neighbors, the neighborhood, the community and the city, i.e., a strategic possibility that pervades heterogeneous relations of force that can put into operation the freedom practices.

The production of subjectivity works forging modes of existence, that model the subject. In the experience of the therapeutic residential from an asylum belief, it is not possible to say that the tutelage and isolation continue to be reproduced. These locations value minimums everyday events, which earn space, in gestures, in jokes and silences of those who experience live.[21]

It is believed that the subject rebuilt across the network of psychosocial care of Caxias do Sul is a resident of a house, he has the possibility of dividing communal spaces of everyday life, set up in his day to day actions, establish agreements, mediate conflicts, internal and external, relate to the neighborhood, attending health services and insert himself in community leisure spaces.

In this perspective, it is possible to affirm that the residents of the TRS from Caxias do Sul are subjects, protagonists of their stories and have the opportunity to produce their subjectivity in different contacts provided by experience in accommodation and in society, namely, relations that are established are reconstructive bases of subjectivity.

The subject of right rebuilt for psychosocial care in Therapeutic Residential Service

An important factor that should be ensured in the substitutive services is the issue of legal human rights, which historically were violated and raped by psychiatric institutions. However, these practices are still present, perhaps not as visible, but maintained by the fact there are psychiatric institutions or even substitute services, professional assistance not sensitized by the Movement of the Psychiatric Reform.

In the legal sense, the definition of person is synonymous with subject of right. Therefore, subject of right is every natural or juridical person able to express themselves legally. At birth with life the person acquires automatically this ability, which allows him to be holder of rights and obligations.[23]

The Universal Declaration of Human Rights, promulgated in 1948, secured legal rights to all people, such as equality before the law; guarantee of rights and ability to enjoy them; right to freedom, personal security, freedom of movement of opinion and expression;

the right to rest and leisure; and the right to participate in the cultural life of the community. "All people are born free and equal in dignity and rights. No one shall be subjected to torture or to treatment or cruel, inhuman or degrading punishment ".[24]

In Brazil the 21st century was marked by advances and implementation of social policies around human rights, especially in 2001 with law No. 10,216 which provides for the protection and the rights of people in distress and the redirection of attention in this area.[25]

The logic of the Psychiatric Reform, in addition to ensuring that policy support to individuals in distress, waged a never-ending struggle for the human rights of these people. This struggle is visible and in the daily lives of the residents of the residential of Caxias do Sul, influencing the way of thinking, feeling, acting and living of each subject.

The city of Caxias do Sul at the disposal of TRS already guarantees in part some of the rights of individuals in distress, as regards the accessibility to the best treatment of the health system, in line with the needs; for ensuring mental health treatment in community service; as well as the experience of the subject in a therapeutic environment[25], considering that the effective consolidation of the network of psychosocial care requires that the mental hospital is not available in the health network, and there is a substitution of these services by alternative resources to professionals engaged in the movement of the Psychiatric Reform.

TRS workers of Caxias do Sul play key role in order to preserve and enforce the rights of individuals who reside there. For that, they need to know about quantitate how much care should be offered to ensure that freedom, individuality, sociability among others rights are preserved.

Freedom, understood with a primary right, is of the order of the tests, of experiences, of inventions, tempted by his own subjects, who invent their own destinies. Thus, practical experiences of freedoms, always subject to change, never as something definitive, allow the subject to establish his life as the paths that deciding to pursue, regardless of where he wants to be, because the own choice is freedom.[26]

Each manifestation of freedom can be therapeutic.[17] Surely any situation that restricts him freedom would affect the subject in a non-therapeutic way. Given this, it is possible to notice through the lines of residential residents, when asked about the freedom, the answers most often tend to compare day to day in the accommodation with the experience in the Mental Hospital. It is noticed that the memories of the Hospital refer to the situation of imprisonment, the lack of freedom in the sense of not having contact with the outside world, of not doing enjoyable activities, not to take decision:

> Very good [living in the residential], because we don't live in jail, we could go out, we can go wherever we want. Of course telling me where I can go right, telling the time back, saying where I go so I do not make people worried. Freedom is better than in the Psychiatric Hospital. There we couldn't get out, there we were one person arrested, we couldn´t see the sun we couldn't see the street, we did not see people we just saw the ones that were inside. Here is free, we go eat ice cream, here is very good. (R12)

> In the Psychiatric Hospital I was closed. Here is better [...] we can go out [...]. (R8)

It is worth mentioning that in the speech of the 12 resident demand freedom of responsibility, since he, when leaving the house, have to say where he is going and what time he will be back. These issues are related to the collective contracting of live in groups, the establishment of ties with the other residents, in addition to the exercise of the professional's role of caregivers to provide support for residents exercising their rights with security.

Freedom in some situations is also expressed in the right to come and go, as freedom of locomotion. On the lines below, subjects report liking out when, how and where they wish.

> I think it's good here, we can leave anytime you want, do whatever we want, do what you want, you get dress as you want. Being a prisioner, no please! (R3)

> Here we have a little more freedom, several times I'm alone, or leave [...], I always have something to do well helping others. (R15)

> Here we can not complain about anything, because here we can go to the beach, the pool [...]. (R4)

> I only leave when I need it, I go to physical therapy, once in a while I'll get the ranch, in the center and on my friend´s. (R7)

Do whatever they want, for example, get dressed and go out to places they like are some achievements of the residents. They allow them to reorganise their universe and build their freedom differently on a daily basis, individually in logic to enjoy its possibilities.

The fact of attending the beach, the pool and other spaces ensures that the resident has the right to participate in the cultural life of the community. Through these instruments of leisure, residents can establish relationships of another order, different from those of the asylum world.[27]

In this way, the community shall be understood as a fundamental space for the expansion of the living, for the production of life and a new sense of being.[28] In addition, to propose and facilitate this relationship with the community, the residential gives the residents to achieve a great level of social independence, fulfilling the psychosocial rehabilitation process, one of the main objectives of the substitutive services to mental hospital.[29]

In the TRS of Caxias do Sul, residents also demonstrate having the right to be recognized as a person before the law, with respect and appropriate personal treatment, besides not being subjected to torture, nor to a treatment or cruel, inhuman or degrading punishment:

> Here I feel good, better than in the Mental Hospital. Here they don't mistreat, is not equal to the Mental Hospital. Here they [professionals] take care of us well, here they help people, and here they give us strength to stand up and be a person like everybody else, a person so equal as others who are in the other houses, which are normal. (R12)

There are two opposite words that compared the treatment at Psychiatric Hospital with the treatment received Therapeutic Residential. The first location is characterized by the resident as an area of mishandling, the TRS a care environment. In addition, it adds that in the residential they give him help and strength. The TRS is an area of caution and, therefore, the subject that resides there needs to be careful. The care dispensed in TRS is centered on the individual and its singularities and not the disease.

The TRS should take care to offer ample subject recovery conditions, through the use of family, individual and community capabilities.[30] Moreover, to assist the individual in overcoming his limitations and promote self-care with the goal of elevating his self-esteem, providing opportunities for the refund of social identity, and its autonomy.[31]

A basic tool of care, and it is also included in human rights, is the respect. Respect the subject goes beyond a question of good manners, but consists in believing that he is unique and should receive a respectful treatment.

Respectful attitudes are observed in the residential, they are valued by the locals, who associate such attitudes to a result of good relationship and good on-site experience.

> Living here in this house is nice, the guy is treated well, is respected, has colleagues. It's good, the guy is treated better [...]. I get along with my friends, my brothers, I am respected. (R15)

Having a proper treatment is related to the fact of being well treated. These actions ensure that the resident remains in the residential and feel comfortable in that space, ensuring relationships and healthy ties.

Everyone has the right to start over as a subject, to have property, alone or in association with another person, has the right to freedom of opinion and expression, right to rest, to leisure and to make proper use of the time.[32]

The human and material resources available in the TRS of Caxias do Sul have the ability to ensure the right of residents. However, the citizenship subject in distress should go beyond the exercise of rights and duties. It should be understood as a measure of social coexistence which refers to the subject the feeling of belonging in the spaces, situations and relationships that he experiences. It should be noted that, to flaunt emphasis on observation of human rights in every aspect of care in mental health, we combine ways to counterattack the stigma and discrimination,[33] factors that limit many times the subject fully exercise his basic human rights and mental health.

CONCLUSION

During the institutionalization, the individual does not exercise the position of subject, because he will not be able to establish relations of social exchanges, organize his life according to his choices, and, therefore, to change within the institution's imprisonment.

The Therapeutic Residential in the city of Caxias do Sul meets his therapeutic role, providing support to the residents exercising their human rights and production of subjectivity, both within the home and in the community. Therefore, the psychosocial attention rebuilds the subject who was institutionalized and the therapeutic residential appears as one of the main tools of the process.

It is evidenced that the Therapeutic Residential services are required in psychosocial care network of the municipalities, especially those that have psychiatric hospitals and are in the process of progressive reduction of these beds for effective consolidation of psychosocial care network.

It is recognized the importance of considering the trajectory of reconstruction of institutionalized subjects, as well as the advances of the psychiatric reform in this context. From these issues, there is a look of understanding concerning the struggle for a society that exceeds the standard and conduct, but recognize the individual as a subject, with his rights and production of subjectivities preserved in the process of care.

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Contact of the corresponding author:
Elitiele Ortiz dos Santos
Endereço: Rua Marechal Deodoro, nº397; Centro. Pelotas- Rio Grande do Sul/Brasil. Cep: 96020-220.